

To be used for changes to registrations and terminations.

- **Print in ink or type.**
- **Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge LA 70808, (225) 763-8777 or (800) 842-6630. No fee is required.**
- **This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.**

Postmark Date: 5/10/00

TERM

1060073

1. NAME BYERS-DESSELLE VONNIE M.
Last First MI

2. BUSINESS PHONE 225-295-1300

3. BUSINESS ADDRESS 11918 BRICKSOME AVENUE, STE. A, BATON ROUGE, LA
Street and No. City State Zip

MAILING ADDRESS P. O. BOX 40183, BATON ROUGE, LA 70835

4. EMPLOYER LOUISIANA FINANCE ASSOCIATION

5. EMPLOYER'S ADDRESS 11918 BRICKSOME AVENUE, STE. A, BATON ROUGE, LA 70816
Street and No. City State Zip

6. Have you ceased or terminated all lobbying activities requiring registration? Yes XX No

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name LOUISIANA FINANCE ASSOCIATION

Address 11918 BRICKSOME AVENUE, STE. A, BATON ROUGE, LA 70816

Business or purpose

☐ New Representation

Does this person pay you? _____

If No, who pays you?

☒ Terminated Representation as of DECEMBER 31, 2005

SUPPLEMENTAL REGISTRATION FORM

2. Name _____

Address _____

Business or purpose _____

☐ New Representation

Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

3. Name _____

Address _____

Business or purpose _____

☐ New Representation

Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

Harrie Byrd-Tenselle
Signature of Lobbyist